DEPARTMENT-APPROVED EDUCATIONAL CURRICULUM FOR NURSING ASSISTANT, GERIATRIC ASSISTANT OR HOME HEALTH AIDE

(See 22 VAC 40 72-250 C 4)

Name of Direct Care Staff:			
Name of Facility:			
Address of Facility:			
Phone Number of Facility:			
Name of Facility Representative Submitting Form:			
Title of Facility Representative:	Date Submitted:		
Which curriculum did the staff person complete?			
Nursing assistant Geriatric assistant Home health aide			
Who provided the curriculum?			
Hospital			
(Specify Name & Address Nursing facility	s)		
(Specify Name & Address Educational institution	<i>s</i>)		
(Specify Name & Address			
What is the trainer's name, title, sponsoring entity, and qualifications? _			
How many clock hours of instruction did this curriculum involve?			
Did this curriculum include classroom and clinical instruction?	Yes No		
When did the staff person obtain this training?			

032-05-0102-02 eng (07/07)

Did the curriculum include the following: (Check all that were included)

_ a.	Core Curriculum.	
	(1) Communication and interpersonal skills;	
	(2) Infection control;	
	(3) Safety and emergency procedures, including the Heimlich Maneuver;	
	(4) Promoting resident independence;	
b.	Basic skills.	
	(1) Recognizing abnormal changes in body functioning and the importance	e of reporting such
	changes to a supervisor or to an authority designated by the facility;	
	(2) Measuring and recording routine vital signs;	
	(3) Measuring and recording height and weight;	
	(4) Caring for the residents' environment;	
_ c.	Personal care skills.	
		es;
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 _ d.	Individual resident's needs including mental health and social service needs.	1 1 1
	care facilities;	de in long-term
	(4) Providing training in and the opportunity for self care according to residual.	_
	(5) Demonstrating principles of behavior management by reinforcing appro	opriate behavior
	and causing inappropriate behavior to be reduced or eliminated;	.1 .1
	(6) Demonstrating skills supporting age-appropriate behavior by allowing	
	make personal choices, providing and reinforcing other behavior consists	stent with
	residents' dignity;	
	(7) Utilizing resident's family or concerned others as a source of emotional	support;
	(8) Responding appropriately to resident's behavior.	
 _ e.	Care of the cognitively impaired resident.	
		ividuals with
	dementia (Alzheimer's and others);	
	(2) Communicating with cognitively impaired residents;	
	(3) Demonstrating an understanding of the behavior of cognitively impaire	d residents;
		ents;
	Using methods to reduce the effects of cognitive impairment.	
_ f.	Skills for basic restorative services.	
_ **	(1) Using assistive devices in transferring, ambulation, eating and dressing	:
	(2) Maintaining range of motion;	7
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	(3) Turning and positioning, both in l	ped and chair;	
	(4) Bowel and bladder training;		
	(5) Caring for and using prosthetic ar	nd orthotic devices;	
	(6) Teaching the resident in self-care supervisor.	according to the resident's abilities as directed by a	
g.	Residents' rights.		
	(1) Providing privacy and maintainin	g confidentiality;	
	(2) Promoting the resident's right to r needs;	nake personal choices to accommodate individual	
	(3) Giving assistance in resolving gri	evances and disputes;	
	(4) Providing assistance necessary to activities;	participate in resident and family groups and other	
	(5) Maintaining care and security of t	he resident's personal possessions;	
	need to report any instances of su	be free from abuse, mistreatment and neglect and the ch treatment to appropriate staff as well as the need to treatment as a mandated APS reporter as required by	
		a accordance with current professional standards.	
content areas	outlined above.	rned to Direct Care Staff Person at the Facility	
Name of the Di	rect Care Staff:		
Name of ALF:			
	Approval is for the educational curriculum for nursing assistant, geriatric assistant, or home health aide – 22 VAC 40-72 250 C 4.		
	Approved	Not Approved	
		Signature	
		Title	

One copy of this form should be placed in the staff member's file and the staff member should have a copy of this form.